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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/697,938 Conf.#9636 Application Number October 31, 2003 Filing Date Yossi Avni First Named Inventor **POWER OF ATTORNEY** SYSTEM FOR AND METHOD OF WEB and SIGNATURE RECOGNITION SYSTEM **CORRESPONDENCE ADDRESS BASED ON OBJECT MAP** Title INDICATION FORM 2624 **Art Unit** A. Bayat **Examiner Name** 070253-WO697.003CON-109021500901779 Attorney Docket No. I hereby revoke all previous powers of attorney given in the above-identified patent application. I hereby appoint: Practitioners associated with the Customer Number: 000029053 Х Practitioner(s) named below: Registration Number Registration Number Name Name as my/our attorney(s) or agent(s) to prosecute the patent application Identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified patent application to: The address associated with the above-mentioned Customer Number: Х OR The address associated with Customer Number: OR Firm or Individual Name Address Zip State City Email Telephone Country I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Date Signature Telephone +44 7766202257 D'Arcy O'Byrne Name Title and Company | Director, Applied Neural Technologies Limited NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. "Total of forms are submitted.